

**RECORD OF COMMITTEE WITNESS**  
ILLINOIS HOUSE OF REPRESENTATIVES

SB 1270

BILL OR RESOLUTION NUMBER

COMMITTEE STATE REV. ADMIN DATE 4-27-2011

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name C. VICTOR SMITH  
Address RT 1 BOX 6 City FREDERICK State IL Zip 62639  
Title LEGISLATIVE DIRECTOR Firm/Business or Agency VFW  
Phone 217 323-5116 Fax \_\_\_\_\_  
E-Mail CVSMITH@HOTMAIL

**II. REPRESENTATION** (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance VETERANS of FOREIGN WARS,  
DEPT of ILLINOIS

**III. POSITION** (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # \_\_\_\_\_ Proponent \_\_\_\_\_ Opponent \_\_\_\_\_

**IV. TESTIMONY** (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature C. Victor Smith

# RECORD OF COMMITTEE WITNESS

ILLINOIS HOUSE OF REPRESENTATIVES

SB1270

BILL OR RESOLUTION NUMBER

COMMITTEE State Govt. DATE 4/27/11

OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name Jim Riemer SR.  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

## II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance JAR Consulting

## III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # \_\_\_\_\_ Proponent \_\_\_\_\_ Opponent \_\_\_\_\_

## IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature [Signature]

**RECORD OF COMMITTEE WITNESS**  
ILLINOIS HOUSE OF REPRESENTATIVES

SB1270

BILL OR RESOLUTION NUMBER

COMMITTEE H-State Govt. Admin. DATE 04/27/11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Chris Casey - American Institute of Architects, Illinois Council  
Address 1 Old State Capitol Plz. N., Ste. 300 City Springfield State IL Zip 62701  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone 217-522-2309 Fax 217-5225370  
E-Mail ccasey@aiaill.org

**II. REPRESENTATION** (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance \_\_\_\_\_

**III. POSITION** (Check appropriate box)

Original Bill ☐ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # SFA 4 Proponent \_\_\_\_\_ Opponent X

**IV. TESTIMONY** (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature Chris Casey

# RECORD OF COMMITTEE WITNESS

ILLINOIS HOUSE OF REPRESENTATIVES

SB1270

BILL OR RESOLUTION NUMBER

COMMITTEE ST. GOV'T ADMIN DATE 4 MAY 2011

OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name C. VICTOR SMITH  
Address RT 1 BOX 6 City FREDERICK State IL Zip 62639  
Title LEGISLATIVE DIRECTOR Firm/Business or Agency VFW  
Phone 217 323-5116 Fax \_\_\_\_\_  
E-Mail COSMITH@HOTMAIL.COM

## II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance

VETERANS of FOREIGN WARS, DEPT of ILLINOIS

## III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # \_\_\_\_\_ Proponent \_\_\_\_\_ Opponent \_\_\_\_\_

## IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature C. Victor Smith

SB 1270

BILL OR RESOLUTION NUMBER

# RECORD OF COMMITTEE WITNESS

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE State Govt Admin DATE 5/4/11  
OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name Jim Morpheu & Bill Enlow  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

## II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance  
American Council of Engineering Companies - Illinois

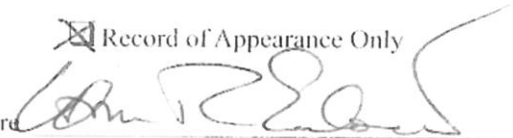
## III. POSITION (Check appropriate box)

Original Bill ☐ Proponent ☒ Opponent ☐ No Position on Merits  
Amendment (s) # 1 Proponent ☒ Opponent \_\_\_\_\_

## IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature



**RECORD OF COMMITTEE WITNESS**  
ILLINOIS HOUSE OF REPRESENTATIVES

SB 1270  
BILL OR RESOLUTION NUMBER

COMMITTEE H-ST Govt. Admin. DATE 05/04/11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Chris Casey - American Institute of Architects, Illinois Council  
Address 1 old State Capitol Plz. N., Ste. 300 City Springfield State IL Zip 62701  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone 217-522-2309 Fax 217-5225370  
E-Mail ccasey@aiaill.org

**II. REPRESENTATION** (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance \_\_\_\_\_  
\_\_\_\_\_

**III. POSITION** (Check appropriate box)

Original Bill ☐ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # HA 1 Proponent ☒ Opponent \_\_\_\_\_

**IV. TESTIMONY** (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature

Chris Casey

**RECORD OF COMMITTEE WITNESS**  
ILLINOIS HOUSE OF REPRESENTATIVES

SB1270

BILL OR RESOLUTION NUMBER

COMMITTEE State Govt DATE 5-4-11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name David Kennedy  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

**II. REPRESENTATION** (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance American Council of Engineering  
Companies - 14

**III. POSITION** (Check appropriate box)

Original Bill ☐ Proponent ☒ Opponent ☐ No Position on Merits  
Amendment (s) # 1 Proponent ☒ Opponent

**IV. TESTIMONY** (Check appropriate box)

☒ Oral if necessary ☐ Written Statement Filed ☐ Record of Appearance Only

Signature David Kennedy

SB 1270

BILL OR RESOLUTION NUMBER

# RECORD OF COMMITTEE WITNESS

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE State Government DATE May 4, 2011

OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name Linda Renee  
Address 1804 Cogman Court City Spfd State IL Zip 62  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

## II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance Illinois Dept of Professional Engineers

## III. POSITION (Check appropriate box)

Original Bill ☒ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # 142 Proponent \_\_\_\_\_ Opponent \_\_\_\_\_

## IV. TESTIMONY (Check appropriate box)

☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

Signature

Linda Renee



SB 1270  
BILL OR RESOLUTION NUMBER

# RECORD OF COMMITTEE WITNESS

ILLINOIS HOUSE OF REPRESENTATIVES

COMMITTEE State Govt. DATE \_\_\_\_\_

OTHER (Subject matter) \_\_\_\_\_

## I. IDENTIFICATION

Name Jim Kiemer Sr.  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_ Firm/Business or Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

## II. REPRESENTATION (This section to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Persons, groups, firms represented in this appearance JAR Consulting

## III. POSITION (Check appropriate box)

Original Bill ☐ Proponent ☐ Opponent ☐ No Position on Merits  
Amendment (s) # \_\_\_\_\_ Proponent \_\_\_\_\_ Opponent \_\_\_\_\_

## IV. TESTIMONY (Check appropriate box)

☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only  
if necessary Signature [Signature]